

## **Assurance Regarding Contractor Use of Equipment and Supplies**

By signing this assurance, the contractor (submitting organization) certifies that the contractor will comply with the requirements of HIV/STD Policy No. 500.003 and will not permit unauthorized use of equipment and supplies. The contractor agrees that it will require the language of this assurance be included in applicable subawards or subcontracts and that all subrecipients sign the assurance. The contractor agrees to enforce subrecipient compliance with this policy.

**DO NOT RETURN THIS FORM AT THIS TIME. THIS ASSURANCE WILL BE REQUIRED IN FUTURE REQUEST FOR PROPOSAL APPLICATIONS.**

By signing this form, applicant/grantee agrees to abide by the requirements of the assurances stated herein.

Name of Organization	
Name/Title of Authorized Representative	
Signature of Authorized Representative	Date